## State of Idaho DEPARTMENT OF INSURANCE

700 W. State Street, 3rd Floor P.O. Box 83720 Boise, Idaho 83720-0043 Phone (208)334-4250 FAX # (208)334-4398

## **AFFIDAVIT - LOSS OF LICENSE**

TO THE DIRECTOR OF INSURANCE:

Name				
Street Address	City	State	Zip Code	
STATES THAT he/she safekeeping of license Insurance, and that sai concerning such loss, th	nod license has been le	, issued by tost, stolen, or de	he Department o	
I HEREBY DECLARE the and in the event same Department of Insurance	shall be found, I a	gree to forward		
Dated this 20	da	y of		
Signature of	Affiant			
SUBSCRIBED AND SV	VORN to before me	this		
day of	, 20			
		Notary Pub	olic	
(SEAL)	In and fo	In and for the state of		
	Residing	Residing at		
	My com	My commission expires		